

## CHANGE FUND MAINTENANCE

(For use with Policy and Procedure Manual Filing 9,100)

Agency Number \_\_\_\_\_

	This Change Fund	Total Change Funds
Total authorized to date	\$ _____	\$ _____
Requested increase/decrease	\$ _____	\$ _____
New authorized amount	\$ _____	\$ _____

(Maximum for Regents institutions \$40,000; for other State agencies \$5,000.)

Please indicate: ☐ Establish new fund ☐ Change responsible employee(s) ☐ Request to change amount

Agency Name: \_\_\_\_\_ Change Fund No.: \_\_\_\_\_

If new fund, amount of fund requested: \$ \_\_\_\_\_ Funds from Imprest Fund Number \_\_\_\_\_

Proposed Location of Change Fund: \_\_\_\_\_  
Building and Room Numbers

\_\_\_\_\_  
(Street Address) (City) Zip Code + 4

Source and amount of revenue to be collected at cashier station where change fund is located: \_\_\_\_\_

Security provided for fund (lock box, lock desk, safe, etc.): \_\_\_\_\_

Designated responsible employees:

Custodian: \_\_\_\_\_  
(Name) (Position)

Alternate  
Custodian: \_\_\_\_\_  
(Name) (Position)

Supervising  
Employee(s): \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Name) (Position)

Approved:

I hereby certify that the above change fund will be  
used as provided by law and by regulations set out by  
the Director of Accounts and Reports.

\_\_\_\_\_  
Director of Accounts and Reports (Date)

\_\_\_\_\_  
Agency Authorized Signature (Date)

### Cancellation

Please cancel Change Fund No. \_\_\_\_\_ (Please attach copy of deposit slip.)

\_\_\_\_\_  
Agency Authorized Signature

\_\_\_\_\_  
Date